Foodborne Diseases Active Surveillance Network (Foodnet) Case Report Form: {Site}

PHLIS ID Number (Par	tient-Specimen): $CDA\#\sim\sim$	~ ~ - ~	~ ~ ~ ~	~~~~=~	~ ~
Patient'sname:					
Last		First			
Address					
Number		City		State	ZIP
1) County (residence of patient):			Phone No:		- '
2) Sex: ~ Male	~ Female ~ Unknown		3) Date of b	pirth (mo/day/yr):/	<u></u>
4) Race (if known):				5) Ethnicity	
~ White	~ American Indian or Alaska Native	~ Unkn	own	~ Hispanic	
- Black - Asian or Pacific Islander				~ Non-Hispanic	
	date (mo/day/yr)://		-	If < 1 year, age in mon	
			Phone: ()	
			Phone: ()	
Physician Address					
	Number/ Street	City		State	ZIP
	: ~ Stool ~ Blood ~ CSF ~ Un	ıknown ~ C	ther sterile s	ite (specify):	
11) Isolated Bacteria:					
~ Salmonella	(serogroup/serotype		•	Vibrio (species)
~ Shigella	(serogroup/species) ~	Listeria monocytogene	es:
~ Campylobac	cter (species) ~	Yersinia enterocolitica	7
~ E. coli O157			~ (Other (specify):	
If final identification is <i>E. coli</i> O157, was it H antigen positive? ~ Yes ~ No/Nonmotile ~ Unknown ~ Not done					
If H antigen pos	sitive, provide H antigen number:				
If <i>E. coli</i> O157 is	s Nonmotile, was it Shiga-like toxin produ	cing?	~ Yes ~	No ~ Unkno	own ~ Not done
Specimen ID number (ad	ccession number) :				
12) If specimen collection	on date is not available, date received in	laboratory (mo/day/yr): _		
A. Hospital Follow-up:					
13) Patient status at the time of specimen collection: ~ Hospitalized ~ Outpatient ~ Unknown					
14) If outpatient, was the patient subsequently hospitalized? ~ Yes ~ No ~ Unknown					
15) If patient was hospit	alized (that is, if answered "Hospitalized	l" to #13 or	"Yes" to #14	4) please provide the f	ollowing information:
Hospital name: Hospital date of admission (mo/day/yr):/					
Patient ID number: Hospital date of discharge (mo/day/yr):/					
15a) Transferre	d to another hospital? ~ Yes ~ No	~ Unknown			
15b) Transfer ho	ospital name:				
16) Outcome: ~ Alive	~ Dead ~ Unknown				
B. Health Department Fo	ollow-up: If isolate further characterized	d by the stat	e lab, please	update question 11.	
17) If Salmonella or E. co	oli O157, did the state lab receive the isc	olate?	~ Yes ~	No ~ Unknown	
17a) If yes, state lab iso	late ID number:				
18) Case found during an audit? ~ Yes ~ No ~ Unknown					
19) Case in the case-control study? ~ Yes ~ No			~ Unknowr	1	
•	case-control study				
20) Is case report complete ~ Yes					
20a) If yes, date case re	port completed (mo/day/yr)://		18b) Perso	n completing case rep	ort (initials):